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DECLARATION	EOR UTILIT	TY OR	Number	runei	PL-	CRC/02/0	6
	SIGN		First Named	Inventor		Czyzewa	•
PATENT AF	COMPLETE IF KNOWN						
(37 CF	Application Number						
X Declaration Submitted OR	Declarati	on ed after initial	Filing Date	<u> </u>			
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Filing	(37 CFR required	: 1.16 (e)))	Examiner N	ame	1		
I hereby declare that:							•
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I believe the inventor(s) named which a patent is sought on the	d below to be the	e original and firs ted:	t inventor(s)	of the subject (matter w	hich is claim	ed and for
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I hereby state that I have revie	wed and under	stand the content	s of the abov	e identified sp	ecificatio	n, including	the claims, as
amended by any amendment	specifically refe	rred to above.					
I acknowledge the duty to di-	sclose informat	ion which is mal	terial to pate	ntability as de	fined in	37 CFR 1.5	66, including for
continuation-in-part application and the national or PCT intern	ns, material info	omation which be	eçame availa tion-io-parl a:	ible between ti nolication	ne tuing	date of the	pror application
I hereby claim foreign priority	henefits under	235 U.S.C. 119(a)-(d) or (f).	or 365(b) of a	any forei	gn applicatio	on(s) for pater
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Prior Foreign Application		Foreign Filir		Priority			opy Attached
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DECLARATION — Utility or Design Patent Application

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NAME OF S	SOLE OR FIRST I	INVENTOR:		□ An	etition he	s baen filed t	for this was	igned inventor	
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Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid QMB control number. **ADDITIONAL INVENTOR(S)** DECLARATION Supplemental Sheet 2 Page. Name of Additional Joint Inventor, if any: A petition has been filed for this unsigned inventor Given Name (first and middle (if any)) Family Name or Surname Ralf Struempler inventor's TEB 22 Los Signature Erding DE DE Residence: City State Country Citizenship Rudolf-Diesel-Strasse 3 E Mailing Address Erding D-85435 DE City State Country Name of Additional Joint Inventor, if any: A petition has been filed for this unsigned inventor Given Name (first and middle (if any)) Family Name or Surname Inventor's Signature Date Residence: City State Country Mailing Address City State Zip Country Name of Additional Joint Inventor, if any: A petition has been filed for this unsigned inventor Given Name (first and middle (if smy)) Family Name or Surname Inventor's Signature Date Residence: City State Country Citizenship Mailing Address State

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Joachim / / /	/.	Ghatz-Re	ichenbach			
Inventor's Signature	Casi	1-		Date 2	5-02-	
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Mailing Address Kirchweg 4			Zip CH-8274	Countr	- Сн	
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